cians have any role in looking for, and possibly addressing, root causes of such a tragedy? When we advise our patients about diet, does such an article have any relevance beyond the nutrient value of cauliflower and the need to wash off pesticides? Should medical associations consider taking a position—as we have already done with boxing—about control of pesticide use, about child labor or about social and economic conditions that may force children, older people or pregnant women to take such grave health risks?

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Vascular Source of Impotence

TO THE EDITOR: In the article "Evaluation of impotence in Older Men" by Davis and colleagues in the April issue,[1] two old and simple tests for a vascular source of impotence were ignored. Ever since Leriche's classic paper on occlusion of the aortic bifurcation 45 years ago,[2] many clinicians check the pulses in the groin by simple palpation and listen through an ordinary stethoscope for a bruit in the iliac and femoral arteries. In the majority of cases these clinical tests will reveal a source, in the iliac arterial system, of arterial insufficiency producing impotence. In many of these patients normal sexual function may be restored by an arterial bypass procedure.

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Dangers of Ocular Instillation of Medications

TO THE EDITOR: I applaud Dr Strauss' efforts to direct your readers' attention to the potential for drug absorption from mucosal surfaces.[1] Furthermore, I agree that the application of drugs to the mucosal membranes of patients during emergent situations before intravenous access can be established is an interesting application derived, in part, from his case report. I must take exception, however, with the last sentence of his article, "Certainly the nasal mucosa and the underside of the lip and tongue are well-established routes for drugs; might not the eye provide yet another alternative?" To this concluding query, I reply emphatically—No!

There is no question that significant systemic levels of drug may be achieved with even the most dilute of our commercially prepared, cardiovascular-active, ophthalmic medications during routine ophthalmic therapy.[2] Furthermore, these drug levels have on occasion been associated with clinically very significant systemic pharmacologic effects including death.[3] To use these clinical observations to propose that "the eye" might provide yet another route for drug administration, however, ignores the mechanism of systemic drug absorption following eye drop administration and the tremendous potential toxicity for the eye.

Following ocular instillation of medications, there is a natural flow of the drug-laden tears from the conjunctival cul de sac to the nasal mucosa via the nasolacrimal outflow system. The vascular nasal mucosa provides an excellent absorptive surface. Therefore, it is this outflow mechanism that accounts for the systemic absorption of drugs following topical instillation. It is important to recognize this system during eye drop therapy because the simple closure of the eye for 60 seconds following eye drop instillation and application of gentle pressure over the canaliculi which provide entrance to this outflow system can reduce systemic absorption of eye drops.[4] Therefore, if drug absorption from the nasal mucosa is desired, the direct application of drugs to the nasal mucosa by routine nasal insufflation might be reasonable. To coincidentally expose "the eye" to this therapy, however, provides an unnecessary potential for ocular toxicity.

Many drugs used to manipulate the autonomic nervous system have multiple pharmacologic effects on the eye.[5] In fact, even dopamine can be used, in eye drop form, to achieve ocular pharmacologic effects.[6] Furthermore, it appears dopamine, given systemically, can have toxic effects on the eye.[7] Therefore, it could be detrimental for the health of the eye and the patient's vision to instill cardiac drugs during emergent situations. The danger is even greater during cardiopulmonary resuscitation when the patients' natural reflexes to protect their eyes are absent.

Finally, I find it surprising there is no mention of an ocular examination in this case report. Was there a change in vision? How high (low?) was the intraocular pressure? Was there evidence of anisocoria? Did the retinal vessels show evidence of vasoconstriction?

In conclusion, I implore the author and your readers not to take the quotation "Drink to me only with thine eyes"[8] literally.

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Usefulness of Direct Linkage of Physicians' Office Terminals to a Hospital Laboratory Computer

TO THE EDITOR: Within recent years, clinical laboratories have used computers to handle laboratory data and facilitate reporting. An extension of the process has been the application of technology to allow remote access of the data from sites away from the hospital, such as physicians' offices. For